



Luna Christian Academy

3720 Coconut Creek Parkway
Coconut Creek, FL 33066
(954)381-6467

Tutoring Registration Form

Dear Parents/Guardians:

Please use this permission form to give us permission to work with your child this academic year, and to let us know as much as possible about your child's interests and approach to agenda.

Child's Name: _____

Grade: _____

DOB: _____

School: _____

Type of Tutoring Requested:

Teacher: _____

reading science math

Teacher's Email Address: _____

Are you interested in online or in-person tutoring?

online in person

Availability for tutoring

Monday _____

Time _____

Tuesday _____

Time: _____

Wednesday _____

Time: _____

Thursday: _____

Time: _____

Friday _____

Time: _____

-
Sunday _____

Time: _____

At times we take pictures of tutors and children to post on our website or include in TLC publications. We also showcase children's accomplishments on the website, the Tufts campus and in local sites. All displays highlight the excellent work children produce under the guidance of their tutors, and are intended to leave the children feeling proud of their accomplishments.

My child may be photographed.

My child may **not** be photographed.

My child may be videotaped.

My child may **not** be videotaped.

My child may be audiotaped.

My child may **not** be audiotaped.

My child's work may be displayed.

My child's work may **not** be displayed.

Please describe your child, including favorite activities, personal strengths and tutoring needs.

What would you like to see a tutor do with your child during the year? What do you want your child to accomplish.

Permission For Teacher To Speak with a LCA tutor

I, _____, grant permission for my child's teacher,
_____, to share information about my
child, _____, with a tutor from
Luna Christian Academy.

Signature of Parent/Guardian

Date